

June 29, 2004

Marlene Dortch
Secretary
Federal Communications Commission
445 12th St., S.W.
Washington, D.C. 20554

Re: Ex Parte Presentation in WC Docket 02-60

Dear Madam Secretary:

I am writing to inform you of an ex parte presentation made to staff in the Wireline Competition Bureau's Telecommunications Access Policy Division on June 22, 2004 in the permit-but-disclose proceeding, See § 1.1206 of the Commission's Rules, WC Docket 02-60, *In the matter of Rural Health Care Support Mechanism*, Further Notice of Proposed Rule Making, FCC No. 03-288, released November 17, 2003.

The meeting was arranged to discuss mobile telemedicine in rural areas. The attached memo summarizes the substance of our conversation. I have also attached materials that were left with the Commission's staff during the course of our conversation.

If there is any additional information needed, please contact my office and we will provide it promptly.

Sincerely,

/s/

Anne E. Linton, Partner

Enclosures

Cc: Gina Spade
Barbara Fine, IHS

MEMORANDUM

To: Marlene Dortch, Secretary, Federal Communications Commission

From: Anne Linton, Partner, Washington Federal Strategies

Re: Ex Parte Presentations in WC Docket 02-60 on June 22, 2004

Date: June 29, 2004

As required under Part 1 of the FCC's Rules, I am filing this memorandum summarizing the oral presentation that was made to staff of the Wireline Competition Bureau on June 22, 2004. I am attaching to this memo the written materials shared with staff at that meeting.

My client Healthcare Anywhere requested this meeting to present additional information for the Commission's record regarding innovative ways to deliver health care services to underserved people in remote areas such as Native Americans in the Aberdeen Area, and elsewhere. The Indian Health Service is a partner in a current mobile telemedicine project designed to provide women's health care services to Native American women in the Aberdeen area.

The meeting started with a description of a specific mobile digital tele mammography project that Healthcare Anywhere is developing – in conjunction with the Indian Health Service – to deliver high quality, real-time digital mammography services to four Indian tribes in rural North Dakota. Some of the tribes receive health care from the Indian Health Service, a subdivision of the Department of Health and Human Services, but some of the tribes are independent and responsible for their own healthcare delivery. This project will work with both types of tribes. We used this specific project to enter into a discussion of the need for the rural health support mechanism to address the technology needs of mobile healthcare in remote parts of the country. We also discussed some of the underlying reasons why real-time transmission of images is so vital to this project and some of the complexities related to breast cancer detection.

We discussed very briefly some other innovative projects that telemedicine has enabled, from insular areas in the US to innovation in post-operative care in Australia, as a way of discussing what really can be done when telecommunications services are made available.

Finally, we discussed the fact that the lack of a broad range of telecommunications options has caused the health care field to perceive that real innovation in the delivery of care is not possible because the telecommunications services necessary are unavailable. Healthcare Anywhere urged the Commission to take action in such a way that health care service delivery in underserved rural areas, especially on Indian reservations, be enhanced, and innovation encouraged. We believe this will drive demand for telecom services and provide essential health care to these underserved people.